



Vermont Blueprint for Health Community Networks of Health Services

Healthcare Oversight Committee

October 3, 2013





Building a Foundation For The Future

- Advanced Primary Care Practices (PCMHs)
- Community Health Teams Core & Extended
- Multi-Insurer Payment Reforms
- Health Information Infrastructure
 - Central Clinical Registry
 - Health Information Exchange
- Evaluation & Reporting
- Community Self-Management Programs



Department of Vermont Health Access

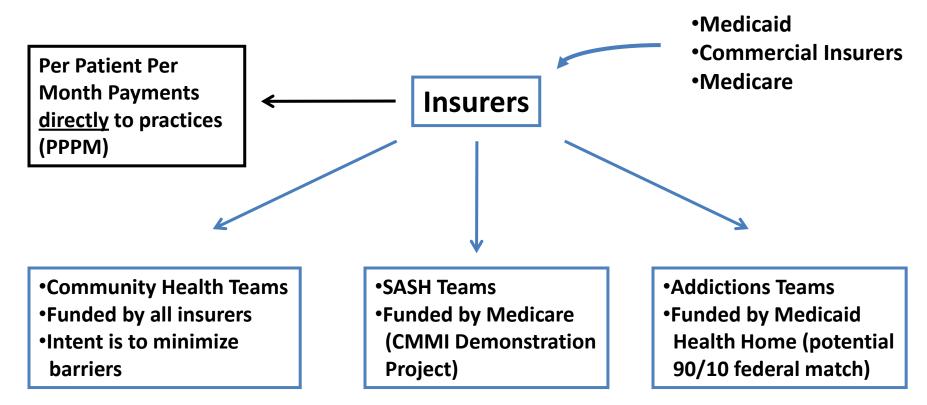


Smart choices. Powerful tools.



Blueprint Payment Reforms





- •\$35,000/2000 active pts./yr.
- Scaled based on population
- •\$70,000/100 participants/yr.
- Scaled based on # panels
- •2 FTEs/100 suboxone pts.
- Scaled based on # pts. in prescribing practices

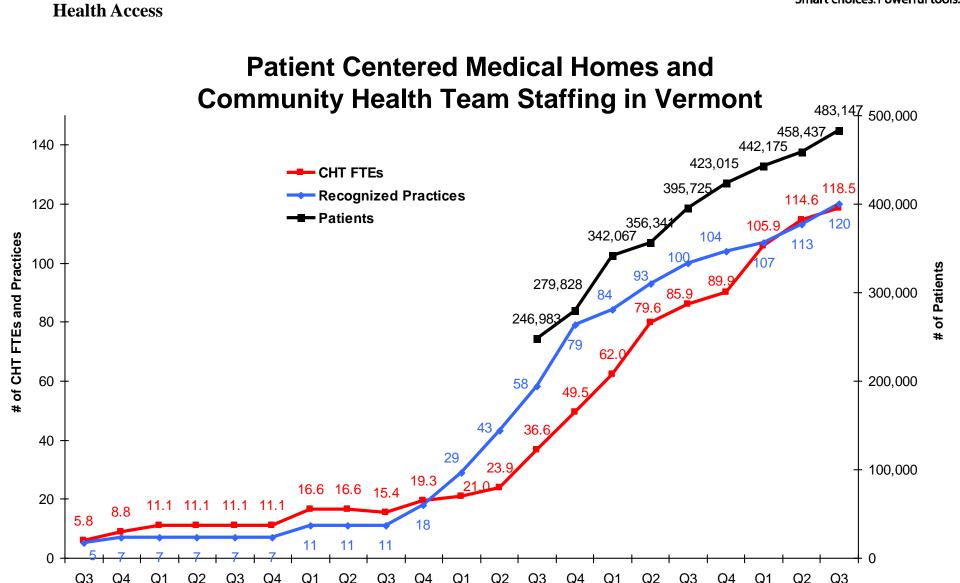


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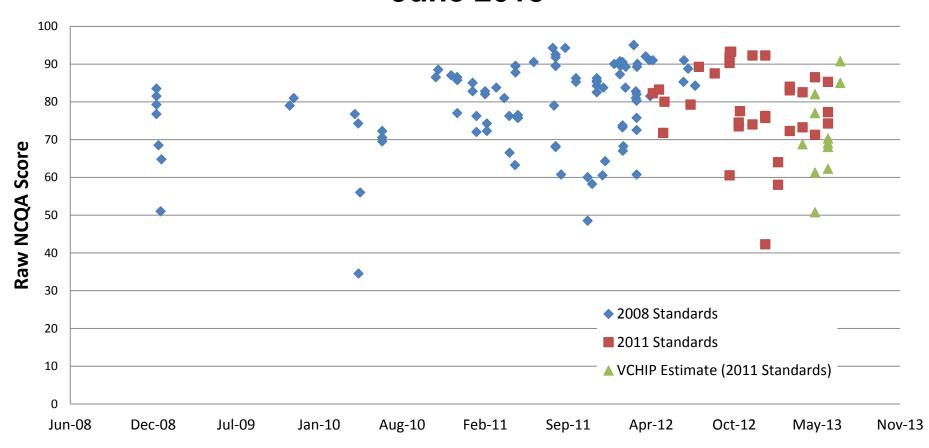
Smart choices. Powerful tools.

Financial Support		ort	Mechanism	Product	
	All Insurers		Payment Reform # 1 \$PPPM - NCQA score	PCMH Transformation	
	All Insurers		Payment Reform # 2 Shared Costs	Community Health Teams	
	Blueprint		Grants	Project Management	
	Blueprint		Grants	Practice Facilitators	
	Blueprint		Grants	Self Management Workshops	
	Blueprint		Contract	Clinical Registry & Data Quality	
	Blueprint		Contract	Evaluation, Analytics, Modeling & Reporting	



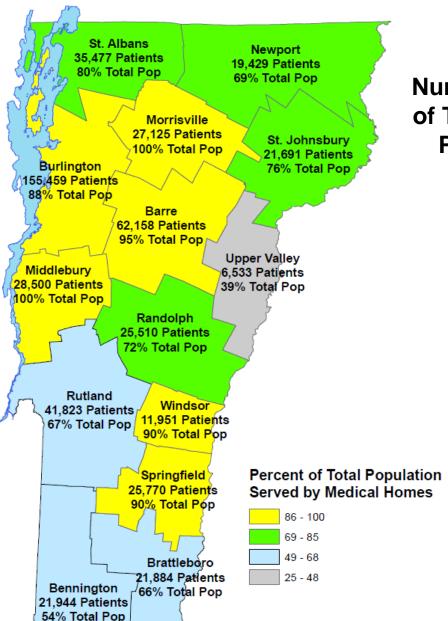
^{*}Since joining the Blueprint, three practices have combined to form a new practice, one practice has joined an existing practice, and one practice has closed.

NCQA Scores Over Time June 2013



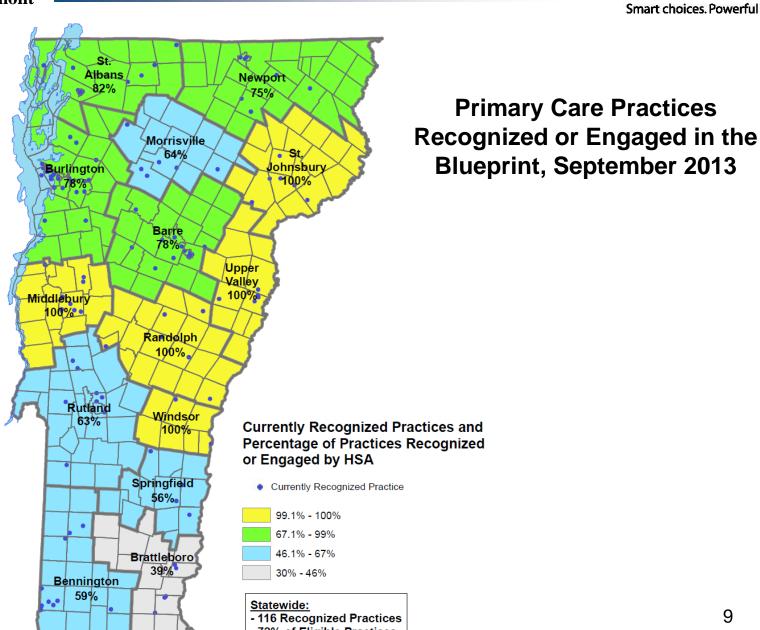
Date Score Received

Department of Vermont Health Access



Number of Patients & Percent of Total Population Served by Patient Centered Medical Homes, July 2013

Department of Vermont Health Access



- 72% of Eligible Practices Recognized or Engaged





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Community Self Management Services

- HLW Chronic Disease
- HLW Diabetes
- HLW Chronic Pain
- Tobacco Cessation Workshops
- Wellness Recovery Action Planning (WRAP)
- Diabetes Prevention Program (YMCA)





Hub Implementation: September 2013

Program	Region	Sites	Start Date	# Clients
Chittenden Center	Chittenden, Franklin, Grand Isle & Addison	Burlington So. Burlington	January 1, 2013	633
BAART Central Vermont	Washington, Lamoille, Orange	Berlin	July 1, 2013	225
Habit OPCO / Retreat	Windsor, Windham	West Lebanon, Brattleboro	July 1, 2013	340
West Ridge	Rutland, Bennington	Rutland	November 6, 2013	New program
BAART NEK	Essex, Orleans, Caledonia	St Johnsbury, Newport	January 1, 2014	263





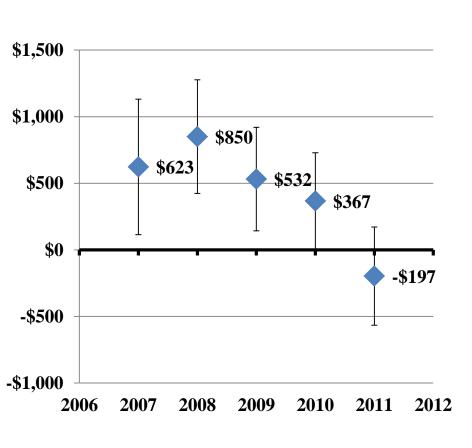
Spoke Implementation: September 2013

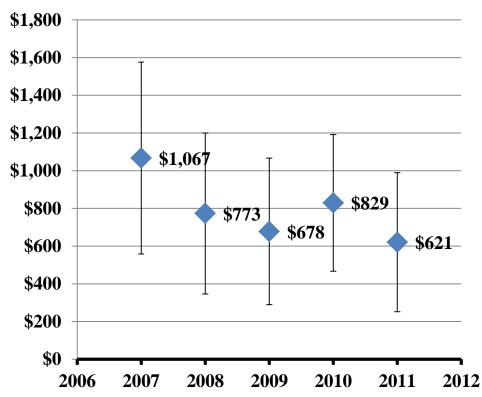
Region	Providers	Staff FTE Funding	Staff FTE Hired	Medicaid Beneficiaries
Bennington	6	3	2.6	131
St. Albans	7	5	2.8	236
Rutland	5	4.5	2	206
Chittenden	12	7.25	7.35	352
Brattleboro	6	5	3.8	237
Springfield	3	1	1	41
Windsor	1	1.5	.75	56
Randolph	3	2	1.8	78
Barre	8	4	0	198
Lamoille	6	2.5	2.0	117
Newport & St Johnsbury	3	Begin 1/1/14		98
Total	57	35.75	24.1	1,750





Total expenditures per capita (Adjusted). Medicaid beneficiaries 18-64 Difference between Intervention and Comparison Groups





Study Group 1

Study Group 2





What's in the works

- Continued expansion of PCMHs (+NDs), CHTs and SASH
- Front load support for CHTs 6 months before scoring
- Comparative assessments & practice profiles
- Data systems & data quality
- Hub & Spoke (addiction & mental health disorders)
- Discussions regarding PPPMs to PCMHs





Principles of Team-Based Care

- Shared Goals
- Clear Roles
- Mutual Trust
- Effective Communication
- Measureable Processes and Outcomes

Mitchell, P., M. Wynia, R. Golden, B. McNellis, S. Okun, C.E. Webb, V. Rohrbach, and I. Von Kohurn. 2012. *Core Principles & values of effective team-based health care.* Discussion Paper, Institute of Medicine, Washington, DC. www.iom.edu/tbc.





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